

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046374

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 096

Primary Registration District No.

Registrar's No. 5

FILED JAN 15 1963

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| 1. PLACE OF DEATH a. COUNTY Dallas | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo | | c. CITY OR TOWN Buffalo, Mo | |
| Length of stay in lb Life | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mo | | d. STREET ADDRESS (If outside, give location). Buffalo, Mo | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First LAURA Middle CANZADA Last PERRYMAN | | | 4. DATE OF DEATH Month December Day 26 Year 1962 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/10/1895 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) Dallas County U.S.A. | |
| 13a. FATHER'S NAME James Smith | | 13b. MOTHER'S MAIDEN NAME Margaret Evans | | 14. NAME OF HUSBAND OR WIFE Will Perryman | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address Maxine Banker Arlington, Kas. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Arterio-sclerotic heart disease DUE TO (b) Unknown DUE TO (c) Unknown | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour 9-0 a.m. 0 p.m. 0 | Month, Day, Year 9-20-62 | |

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|---|--|--|------------------------|-----------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Buffalo, Mo | COUNTY Missouri | STATE Missouri |
| 21. I attended the deceased from 9-20-62 to 12-24-62 and last saw her alive on 12-24-62 Death occurred at Buffalo, Mo on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE Evelyn Griffin M.D. (Degree or title) | 22b. ADDRESS Buffalo, Missouri | 22c. DATE SIGNED 12/28/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/29/62 | 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn |
| 24. FUNERAL DIRECTOR Jones-Cantlon ADDRESS Buffalo, Mo | | 25. DATE RECD. BY LOCAL REG. 1/14/1963 |
| 26. REGISTRAR'S SIGNATURE McVea Rita LR | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry J. Cantor

Licensed Embalmer No. 5153

P. O. Address

Buffalo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.